

## **902 KAR 19:010. Kentucky Birth Surveillance Registry.**

RELATES TO: KRS 211.655, 211.660, 211.670

STATUTORY AUTHORITY: KRS 211.660(6)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 211.660(1) requires the department to establish the Kentucky Birth Surveillance Registry based on the need to provide information on the incidence, prevalence, and trends of congenital anomalies, stillbirths and high risk conditions; provide information as to possible causes; and develop preventive strategies to reduce their incidence and the secondary complications associated with them. This administrative regulation establishes uniform procedures for collection of data for the registry.

Section 1. Definitions. (1) "Agent" means an entity with which the department may:

- (a) Contract pursuant to carrying out the duties of the registry; and
- (b) Designate to act on the behalf of the registry to edit or analyze data from hospitals.

(2) "Cabinet" means the Cabinet for Health Services.

(3) "Coding and transmission specifications" or "UB-92 Submission Manual" means the technical directives the cabinet issues concerning technical matters subject to frequent change, including codes and data for uniform provider entry into particular character positions and fields of the UB-92 and uniform provider formatting of fields and character positions for purposes of electronic data transmissions pursuant to 902 KAR 17:040 or, where not specified, as are delineated in the UB-92 Training Manual.

(4) "Department" means the Department for Public Health.

(5) "Division" means the Division of Adult and Child Health, which is the administrator of the Kentucky Birth Surveillance Registry, and is located within the Department for Public Health.

(6) "Hospital" means an acute care hospital licensed under the provisions of KRS Chapter 216B.

(7) "Hospitalization" means the inpatient medical episode identified by a patient's birth, admission date, length of stay and discharge date, and further identified by a provider-assigned patient control number unique to that inpatient episode.

(8) "Laboratory" means a medical laboratory licensed under KRS Chapter 333.

(9) "ICD-9 Code" means the diagnosis code specifications under the International Classification of Diseases, in current usage, required for reporting diagnoses and diseases to all U.S. Public Health Service and Health Care Financing Administration programs.

(10) "Medical record" means the patient's actual medical record maintained by the hospital's medical record department or by a laboratory.

(11) "Record" means documentation in UB-92 format, in paper or electronic form, of:

- (a) A hospitalization;
- (b) An outpatient visit; or
- (c) A laboratory result.

(12) "Registry" means the Kentucky Birth Surveillance Registry.

(13) "UB-92" means the billing form identified by the Federal Health Care Financing Administration as HCFA Form 1450, as recommended by the National Uniform Billing Committee and adopted by the Kentucky Uniform Billing Committee for use by hospitals and other providers in billing for hospitalizations.

Section 2. Data Collection. (1) Hospitalization records. A hospital shall document, on a UB-92 record, each hospitalization it provides for an inpatient of age five (5) years or under who is diagnosed with a congenital birth anomaly or high-risk condition, as defined by the department in accordance with KRS 211.660(2), and included in Section 7 of this administration regulation. Each hospital shall provide to the registry the data specified in Section 8 of this administrative regulation.

(2) Outpatient and laboratory records.

(a) In accordance with KRS 211.660(3)(b), a laboratory shall maintain medical records for each person tested who is five (5) years of age or younger and who has a primary diagnosis or laboratory test result indicating a congenital anomaly or high-risk condition, as defined by the department and included in Section 7 of this administrative regulation.

(b) A laboratory, and a hospital voluntarily maintaining an outpatient list as described at KRS 211.660(3)(a), shall provide the data specified in Section 8 of this administrative regulation.

(3) Access to records. A reporting entity shall provide a requesting agent of the registry with access to the medical record of any patient meeting the criteria in subsections (1) or (2) of this section, as authorized by KRS 211.660(4).

Section 3. Data Finalization and Submission. (1) Submission of final data. Data shall be deemed final for purposes of submission to the registry as soon as a record is sufficiently final that the provider could submit it to a payor for billing purposes, whether or not the record has actually been submitted to a payor.

(a) Finalized data shall not be withheld from submission to the registry on grounds that it remains subject to adjudication by a payor; and

(b) Data on a hospitalization shall not be submitted to the registry before:

1. The patient is discharged; or
2. The record is sufficiently final that it could be submitted to a payor for billing.

(2) Transmission of records.

(a) Data submitted to the registry shall be uniformly completed and formatted according to coding and transmission specifications;

(b) Hospitals and laboratories that have the capacity shall submit data on computer-readable electronic media;

(c) Hospitals and laboratories shall provide backup security against accidental erasure or loss of the data until any incomplete or inaccurate records identified by the registry have been corrected and resubmitted;

(d) Data submitted by mail shall be by certified mail or other traceable carrier, such as United Parcel Service; and

(e) A hospital or laboratory that submits records in the form of paper copies shall either deliver the copies to the registry's reporting agent, or send them in secure packaging by mail postmarked on or before the due date.

Section 4. Data Submission Timetable. Quarterly submission. A hospital shall submit data at least once for each calendar quarter. A quarterly submission shall contain data from records of patients which became final during that quarter, as specified in Section 3(1) of this administrative regulation. The data shall be submitted to the registry not later than forty-five (45) days after the last day of that quarter.

(1) If the 45th day falls on a weekend or holiday, the submission due date shall become the next following working day.

(2) Outpatient data and laboratory reports shall be submitted directly to KBSR within thirty (30) days of the written request.

(3) A hospital shall, within thirty (30) days of receipt of a written request from the registry, submit a medical records report for specified ICD-9 codes for a designated quarter.

Section 5. Data Corrections. (1) Editing. The following UB-92 data fields from Section 9 of this administrative regulation shall be edited by the registry upon receipt, in order to ensure completeness and validity of the data for further processing: patient name, insured's name.

(2) If the registry identifies a record as incomplete or invalid, the submitting hospital shall submit a corrected copy within thirty (30) days of notification. Date of notification shall be considered to be the date postmarked on the registry's mailed notice of required correction. Submission shall be by either electronic transmission or mailing.

Section 6. Working Contacts. (1) Beginning January 1, 1996 and annually thereafter, each hospital required to submit data shall report, by letter to the registry, the names and telephone numbers of a chief executive officer shall not be designated as a contact or backup, unless no other employee has the required technical expertise.

(2) If the chief executive officer, designated contact person or back-up person changes during the year, the name of the replacing person shall be reported immediately to the registry.

Section 7. Required Reporting Conditions. The data which are submitted from the hospital to the registry shall be at least for those patients, from birth to five (5) years of age, for whom any reported diagnoses includes the following ICD-9 codes:

(1) All congenital anomalies codes - 740-759. (Examples: microcephaly 742.1; macrocephaly 742.4; upper GI anomalies 750; lower GI anomalies 751; gastroschisis/omphalocele 756.7; chromosome anomalies 758.)

(2) Dwarfism not elsewhere classified - 259.4.

(3) Metabolic/storage disorders - 270-279, Excluding codes 274, 276 and 278.

(4) Hereditary hemolytic anemia - 282.

(5) Neurologic disorders of brain and spinal cord - 334-335.

(6) Cerebral palsy - 343.

(7) Teratogens (noxious influences) - 760.7 and all subcategories, from 760.70 to 760.79.

(8) Infant of diabetic mother - 775.0.

(9) Failure to thrive - 783.4.

(10) Small for gestational age - 764.0.

Section 8. Required Data Elements. (1) UB-92 data. Hospitals shall ensure that each copy of UB-92 data submitted to the registry contains at least the following data elements as provided on the UB-92 form. Asterisks identify elements that shall not be blank and shall conform to coding and transmission specifications.

UB-92 FIELD #	ELEMENT NAME
*5	Federal Tax Number
*12	Patient Name
13	Patient Address
*14	Birth Date
*15	Sex
*17	Admission/Start of Care Date
*23	Medical Record #
*58	Insured's Name
59	Patient Relationship
60	Certificate/SSN/Health Insurance Claim/ID Number
*67	Principal Diagnosis Code
68-75	Other Diagnosis Codes (Up to 8)

*82	Attending Physician Unique Identification Number or Alternate Number
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(2) Outpatient and laboratory data. A laboratory and a hospital voluntarily maintaining a list of outpatients, in accordance with KRS 211.660(3)(a), shall ensure that the data submitted to the registry includes the following data elements: patient name, patient address, birth date, sex, principal diagnosis, other diagnoses (up to eight (8)), and reporting source.

Section 9. Incorporation by Reference. (1) "UB-92 Training Manual (August 4, 1993)" is incorporated by reference.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Birth Surveillance Registry, Division of Adult and Child Health, Department for Public Health, 275 East Main Street, Frankfort, Kentucky 40621, Monday through Friday, 8 a.m. to 4:30 p.m. (22 Ky.R. 1185; Am. 1480; 1604; eff. 3-7-96; 29 Ky.R. 574; 966; eff. 10-16-2002.)